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Subcommittee on Criminal Justice, Drug Policy and Human Resources

"Availability and Effectiveness of Programs to Treat Victims of the Methamphetamine Epidemic"

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Chairman Souder, Ranking Member Cummings, and distinguished Members of the Subcommittee. Thank you for the opportunity to appear before you today to discuss the Federal response to treatment needs of populations affected by methamphetamine.

Introduction

President Bush took office in 2001 with an agenda to counter high levels of drug use. Targets were set to reduce youth drug use by 10 percent in two years and by 25 percent in five years. By 2003, the first target had not only been achieved, but exceeded. The second target is within reach, as overall teen use of drugs declined 19 percent by 2005. Of central relevance to the present hearings, past-month use of methamphetamine in youthful populations (grades 8, 10, 12) has declined 34 percent since 2001, according to the 2005 Monitoring the Future survey. This reduction is highly encouraging because use of illicit drugs during adolescence and early adulthood presages use, abuse, and addiction in adult populations. Education programs and outreach activities, sustained by an infrastructure of scientific evidence and a public health approach, have combined to change cultural perceptions about the consequences of drug use. This is reflected by the increased perception of the detrimental consequences of illicit drug use on the health of the brain and body and that extend to personal behavior, well-being, and society as a whole. The achievements over the past five years can be attributed to multiple factors, including providing enhanced access to treatment, mobilizing communities, cities, and the judiciary to engage time and resources in prevention and treatment, and disrupting illicit drug markets.

Concomitant with his strategy to prevent drug use, the President is committed to providing treatment to heal America's drug users. Treatment for methamphetamine addiction is sustained by these initiatives.

In support of these efforts, this Administration has asked for $12.7 billion for FY07, $80 million more than FY06 enacted funds. Of this amount, 35 percent is targeted to demand reduction programs that will contribute significantly to reducing illicit synthetic drug use. These programs include drug courts, screening and intervention, treatment services such as *Access to Recovery*, Drug-Free Communities, which are local coalitions devised to alter drug use norms in cities and communities, and the National Youth Anti-Drug Media Campaign, which targets a national audience with powerful anti-drug messages. Funding to address methamphetamine is also provided through programs such as the Substance Abuse and Mental Health Services Administration's Programs of Regional and National Significance, Community Oriented

Policing Services, which focus on methamphetamine lab cleanup, and methamphetamine treatment and recovery support services within *Access to Recovery*.

By enhancing public perception of drug use as a harmful practice, by further incorporating the behavioral and biological consequences of drug use into the public health realm, and by commitment to disrupting the supply of illicit drugs, America has made considerable progress in guiding our nation towards reduced drug use. We are cognizant of emerging new drug-related challenges, such as methamphetamine and prescription drug abuse, and the Office of National Drug Control Policy is committed to addressing the on-going threat of abused drugs and their associated problems.

I would also like to take this opportunity to recognize Congress for passing the Combat Meth Act this spring. Its provisions build upon the successes of several state efforts, where access to products containing methamphetamine precursors are limited, such as placing medications containing psuedoephedrine behind store counters. States that have adopted such restrictions have experienced significant drops in methamphetamine laboratory numbers. The nation deserves a uniform national standard that allows law-abiding citizens access to these products in reasonable amounts, but severely limits the ability of would-be methamphetamine cooks to get these chemicals for methamphetamine production. As the Combat Meth Act provisions take effect, we are confident that these provisions will make significant further contributions to reducing methamphetamine in the United States.

The Strategy

The *Synthetic Drug Control Strategy* is designed to complement the *National Drug Control Strategy* and to address specifically the challenges of synthetic drugs such as methamphetamine. I will present a brief overview of the Administration's strategy and then review federally coordinated efforts that specifically address your interest in treatment approaches to methamphetamine. Then you will hear from my colleagues, Dr. Nora Volkow, Director of the National Institute on Drug Abuse, and Charles Curie, Director of the Substance Abuse and Mental Health Services Administration, who will discuss in detail prevention and treatment programs administered by their respective agencies.

The *National Synthetic Drugs Action Plan* of 2004 delineates Federal and State initiatives for prevention, treatment, regulation and law enforcement of synthetic drugs. It also provides specific recommendations for enhancing government efforts to reduce synthetic drug abuse. The *Synthetic Drug Control Strategy*, which was released in June of 2006, incorporates prevention, treatment, and market disruption initiatives to reduce illicit methamphetamine and prescription drug use by 15 percent, and domestic methamphetamine laboratory seizures by 25 percent over three years.

Key components of the Strategy, targeted to State and local governments are to: 1. encourage inclusion of methamphetamine and controlled substance prescription drug abuse threats in their comprehensive drug control strategies; 2. identify and share the most effective State-level approaches for reducing methamphetamine production and use as well as controlled substance prescription drug diversion; 3. assist in coordinating Federal, State and local action against synthetic drugs; 4. expand Drug Endangered Children programs and training to all 50 States by the end of 2008.

In collaboration with Health and Human Services, Department of Justice, and the National Alliance for Model State Drug Laws (NAMSDL), Office of National Drug Control Policy will hold four (4) Regional Methamphetamine Conferences during the next 12 months. NAMSDL will organize and facilitate the conferences. The goal is to encourage individual States to develop –or expand upon– their own Methamphetamine Strategy and offer assistance after the conference, for example on how to access Drug Court funding, how to develop and fund a Community Coalition, and how to draft model drug laws.

The Magnitude of the Problem

Estimates of use. Formerly a threat largely in Hawaii and the West, use and production of methamphetamine has moved eastward and has had an especially severe impact in the Midwest, Northwest and certain areas of the South. Between 1992 and 2003, treatment admission rates nationwide for methamphetamine and amphetamine increased 470 percent in the population aged 12 or older. According to the 2004 National Survey on Drug Use and Health, approximately 11.7 million Americans ages 12 and older (or 4.9 percent of this population) reported trying methamphetamine at least once during their lifetime, and the average age of new users was 22.1 years. Recently, however, we have seen some promising trends. Between 2004 and May 2006 positive drug-testing rates among the general United States workforce for methamphetamine decreased 45 percent, from 0.33 percent to 0.18 percent. These data corroborate recent findings of decreases in youth methamphetamine use nationwide. The 2005 Youth Risk Behavior Survey, released earlier this month, indicates lifetime youth methamphetamine use has declined 36.7 percent since 2001, and the 2005 Monitoring the Future survey indicates a 34 percent decrease in lifetime use among 8th, 10th, and 12th graders combined since 2001.

Consequences of methamphetamine to populations. Methamphetamine is a schedule II drug that has high addictive potential and very limited medical applications (such as attention deficit hyperactivity disorder – ADHD – and narcolepsy). Acutely, adverse effects of methamphetamine can lead to psychotic behavior that includes auditory hallucinations, mood disturbances, delusions and paranoia. Repeated use of methamphetamine can result in addiction, psychotic behavior and brain damage. Abstention from methamphetamine can produce severe symptoms of psychological withdrawal that include depression, anxiety, fatigue, dysphoria, aggression, and intense cravings for the drug. Chronic users may exhibit violent behavior, anxiety, confusion, and insomnia and poor performance on neuropsychological tests. Methamphetamine use also wreaks havoc on families, communities and the environment. Children living with parents who produce methamphetamine in their homes are subjected to an environment of toxic chemicals, neglect or abuse. The number of children in foster care has been increasing in States that have been affected by the methamphetamine scourge, an additional social burden on systems with severely limited resources. Children who reside in or near labs are at a great risk of being physically harmed in such a toxic environment, due to the noxious fumes that can cause damage to the brain and rest of the body, notwithstanding the risk of explosions arising from the use of volatile solvents in the synthesis of methamphetamine. The environment also pays a heavy toll. For each pound of methamphetamine produced, five to six pounds of toxic, hazardous waste are generated, posing immediate and long-term environmental health risks, not only to individual homes but to neighborhoods. Poisonous vapors produced during synthesis permeate the halls and carpets of houses and buildings, often making them uninhabitable. Cleaning up these sites requires specialized training and costs an average of $2,000-$4,000 per site.

TREATMENT

Stopping use before it starts is a priority of the Office of National Drug Control Policy, but treating drug users is critical to demand reduction efforts. From extensive work in the field of addiction science, we know that treatment for drug dependency and addiction – including to methamphetamine – can be effective. The programs we support make significant contributions to closing the treatment gap. At present 8.1 million of the 34.8 million past year drug users in the United States meet the clinical definition of abuse or dependency. Of these, 1.4 million received treatment at a specialty treatment facility. Continued success in healing America's drug users is predicated on the availability of treatment for the remaining 6.6 million.

Treatment for methamphetamine addiction is possible. For example, the Matrix Model is an evidence-based intensive outpatient treatment program created by The Matrix Institute in Los Angeles. It has been tested through research, showing favorable outcomes. It is a manual-based treatment that uses cognitive behavioral therapy, relapse prevention and skill training, all presented in Motivational Interviewing style. Treatment includes educational sessions for client families and other support people. Skill training groups focus on recovery and relapse prevention. The main objective of the program is to provide clients with a behavioral structure and daily skills enabling the eventual development of a clean and sober lifestyle.

Research studies indicate that the Matrix model is very effective in treating various addictions, including methamphetamine. Matrix clients were 38 percent more likely to stay in treatment compared with other treatment modalities and were 27 percent more likely to complete treatment. In some sites of the research clinical trail (total of 8 sites), the Matrix condition was associated with significantly longer periods of abstinence. Treatment completion was about 41 percent.

Programs focused on methamphetamine recovery: The President's FY 2007 budget request includes $1.67 billion for the Substance Abuse Prevention and Treatment Block grant, of which 20 percent is set-aside for substance abuse primary prevention. These funds are directed to specialty treatment providers, many of whom provide treatment for abuse and dependence of methamphetamine. The President's budget also includes $371 million in discretionary grants (Programs of Regional and National Significance), including *Access to Recovery.*

Administered by SAMHSA, the President's *Access to Recovery* (ATR) program is now in 14 States and one Native American organization. Over the three year grant cycle, ATR will provide services to an estimated 125,000 people who seek treatment, but are not able to obtain it, in part, because they cannot afford it. To close the treatment gap, ATR also funds essential recovery support services not generally reimbursable through conventional Federal treatment resources, such as comprehensive relapse prevention services, transportation, or child-care. Many providers are unable to offer "wrap-around" services, even though they are less costly than services required in the initial stages of recovery, are of paramount significance to those in recovery – especially in the treatment of methamphetamine addiction – and often are pivotal for remaining drug-free. Tennessee's ATR program is implemented state-wide and is a good example of the how ATR can be used to help methamphetamine users. The principal emphasis of Tennessee's ATR program is on treatment services and recovery support services in the Appalachians and other rural areas of Tennessee for individuals who abuse or are addicted primarily to methamphetamine.

The President's FY07 request for ATR is $98.2 million, which includes $24.8 million for an ATR-Methamphetamine initiative, and approximately $3 million for an evaluation program.

The FY 2007 request for PRNS also includes $5.4 million for a grant program targeting methamphetamine addiction in rural areas. This program, first funded in FY 2005, supports 11 grants.

Screening, Brief Intervention, Referral and Treatment (SBIRT) A key component of expanding the Nation's treatment capacity lies in early detection and engaging health professionals in the identification, counseling, referral, and ongoing medical management of persons with substance use disorders. The Department of Health and Human Services offers grants through the Screening, Brief Intervention, Referral and Treatment (SBIRT) program to States, territories, and tribal organizations to provide effective early identification and intervention in general medical settings. This program is based on research showing that by simply asking questions regarding unhealthy behaviors and conducting brief interventions, patients are more likely to avoid the behavior in the future and seek help if they believe they have problem. The programs are based in clinical settings, a location that has a high propensity to attract higher-risk populations, who through violence, accidents or health-related problems, are seen by medical professionals.

SBIRT expands the continuum of care available for treatment of substance use disorders by matching an individual's stage of illness to the initial treatment experience and improves linkages among general community-health related services and specialized substance abuse treatment agencies. Universal screening of patients in a general medical setting can significantly reduce drug and alcohol use among non-dependent users, even without accompanying intervention.

SBIRT could help identify a cohort of methamphetamine users that enter hospital or clinical environments seeking treatment for reasons other than for methamphetamine abuse. This cohort would have the opportunity to be shepherded into interventions or treatment programs.

Awards for the program were made in September 2003 to six States and one Tribal Council. In addition to these grants, 12 universities and colleges have received funding to develop a screening and intervention model to be used on campuses. These programs will identify drug problems at an early stage and help reduce drug dependency and addiction in this vulnerable age cohort. The Office of National Drug Control Policy works closely with the Substance Abuse and Mental Health Administration to monitor the success of these programs and to highlight the benefits of early screening and intervention. As part of the FY07 budget, $31.2 million is requested for this important initiative.

Drug Courts. There are currently in excess of 1,750 drug courts in operation and another 400 in development. Using the coercive power of the courts to alter behavior through a combination of escalating sanctions, mandatory drug sentencing, and rigorous case management to address the individual's overall needs, drug courts divert non-violent, low-level offenders whose underlying problem is drug use away from prison and into supervised treatment The National Center on Addiction and Substance Abuse (CASA) at Columbia University reviewed and synthesized over 120 evaluations and determined that drug courts provide the most comprehensive and effective

control of drug-using offenders criminality and drug usage while under the courts supervision. A National Institute of Justice report demonstrated that, within the first year of release, 43.5 percent of drug offenders are rearrested, whereas only 16.4 percent of drug court graduates are re-arrested. This ratio of re-arrest rates persists in year two following graduation from drug court.

Program focused on methamphetamine recovery: Drug Courts. Drug courts are another highly effective strategy to identify methamphetamine-addicted populations and guide them into treatment. According to the Special Assistant to the Butte County District Attorney, drug courts are one of the only measures that have worked with its methamphetamine-addicted population. Of the 1,800 felony probation cases filed in Butte County Drug Court in California in 2003, more than 60 percent were methamphetamine related. Methamphetamine has so saturated the drug-dependent population that 87 percent of drug court participants in 2005 have been methamphetamine users. The Butte County Drug Court has helped much of this population receive the treatment they need to recover from drug addiction. Of the 500 program graduates in the past nine years, the aggregate recidivism rate is only 14.9 percent. This statistic not only highlights the efficacy of drug courts in providing treatment, but the effectiveness of this approach to preventing relapse in the criminal justice system. A unique component of drug courts is the requirement for constant monitoring, a process that has been found to be particular effect for methamphetamine abusers who benefit from longer treatment with constant oversight.

Vigo County Drug Court in Indiana is an example of a successful program. In operation since 1996, the drug court has a 16 percent recidivism rate. In 2005, 35 percent were admitted into the program because of methamphetamine-related offenses, many of whom were referred to Hamilton House, a community mental health center and managed care provider in the Terre Haut area, for substance abuse treatment. Over 30 percent of the clients seen by Hamilton Center's addiction services present with methamphetamine use. The Center uses the Matrix model and collaborative family therapy, treatment protocols that address users of methamphetamine. This is but one example of the drug court to treatment model that is helping to identify and heal drug users in America.

There is strong administration support for drug courts. The President's FY 2007 budget requests a funding level of $69.2 million for drug courts programs – an increase of $59.3 million over the 2006 enacted level. This increase reflects a commitment to this program.

PREVENTION

Media Campaign. Congress created the National Youth Anti-Drug Media Campaign in 1998 with the goal of preventing and reducing youth drug use. Unprecedented in size and scope, the campaign is the most visible symbol of the Federal government's commitment to youth drug prevention. It is a strategically integrated communications effort that combines advertising with public communications outreach to deliver anti-drug messages and skills to America's youth, their parents, and other influential adults. The FY07 budget requests $120 million to fund this important outreach program.

Programs focused on methamphetamine prevention: Media campaign. In November 2005, the National Youth Anti-Drug Media Campaign, in conjunction with the Partnership for a Drug-Free America, launched a campaign targeting methamphetamine. The advertisements are shown in 23 cities that have been particularly hard hit by methamphetamine. Designed to mobilize individuals and local community groups to reduce methamphetamine use at the local level, the

campaign combines real-life stories of people impacted by methamphetamine with scenarios that depict the threat methamphetamine poses to communities at large.

Programs focused on methamphetamine prevention: Media campaign for Hispanic communities. In June 2005, a campaign aimed at preventing illicit methamphetamine use in the Hispanic community was launched. The research-based prevention campaign targets two audiences: Hispanic young adults, the demographic most likely to use methamphetamine, and adults, especially parents and family influencers in extended families. The young adult messages, available in both Spanish and English, paint a graphic portrait of the devastating physical and psychological consequences of methamphetamine use. The adult-targeted messages, available only in Spanish, appeal to parents and family influencers to be proactive in learning and talking to teens and young adults about the dangers of methamphetamine.

Student Drug Testing. The President stated in his 2004 State of the Union Address that drug testing is an effective part of a community-based strategy to reduce the demand for illegal drugs. When implemented in combination with other drug abuse prevention measures, this non-punitive public health tool can reduce the number of youth using drugs illicitly and, by preventing or deterring early-initiation, can also decrease the likelihood of adult drug use. Student drug testing is also an important screening tool that can identify youth who have initiated drug use so that parents and counselors can intervene at an early stage as well as those with a drug dependency so that they can be referred to appropriate treatment. The Office of National Drug Control Policy works closely with the Department of Education to help interested schools and communities learn more about how to develop and implement a comprehensive, considerate, and safe random student drug testing policy. Regional and State summits with experts in the field and other outreach activities help spread model program elements and increase awareness about this prevention program.

Grants from the Department of Education in 2003 and 2004 in the amount of $2 million and in 2005 in the amount of $9.9 million have afforded 373 schools around the nation the opportunity to enhance and implement student drug testing programs. Many more schools have added this strategy to their existing drug prevention programs. These schools recognize the benefits of stopping drug use before it starts and in promoting a safe and drug-free community.

Programs focused on methamphetamine prevention: Student Drug Testing. Most schools with student testing programs test for alcohol, marijuana, opiates, and stimulants, including methamphetamine. Initial reports from these schools indicate that student drug testing can be a powerful prevention and screening tool.

The President's Budget requests $15 million for student drug testing grants for Fiscal Year 2007, an increase of $4.6 million over the 2006 enacted level.

Drug–Free Communities. Recognizing that local communities are in the best position to identify the challenges they face, the Drug-Free Communities program provides grants of up to $100,000 per year for up to five years to community coalitions working to reduce substance abuse locally using multiple strategies across multiple community sectors. Drug-Free Communities program currently funds over 700 coalitions located throughout the country.

The two goals of the program are 1) to reduce substance abuse among youth and, over time,

among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse and 2) to establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

These coalitions are raising public awareness through media campaigns and town hall meetings; educating schools, businesses, the faith community, and law enforcement through information dissemination and trainings; restricting access through MethWatch programs; and monitoring trends through collecting information from hospitals, law enforcement, and treatment centers.

The Administration supports the efforts of these communities to change community norms and has requested $79.2 million for FY07.

Conclusions

Substance abuse treatment works. Recovery from methamphetamine addiction is possible. Accumulating evidence indicates that illicit drug use in America is reduced by balanced, consistent, and coordinated efforts of Federal, State, and local governments. This approach is as relevant to addressing methamphetamine as it is to other illicit drugs. Effective prevention and treatment programs such as student drug testing, SBIRT, and drug courts that incorporate evidence-based strategies reduce the burden of methamphetamine and other abused drugs. The individual benefits from reduced drug use, improved physical (reduction in infections and HIV seropositivity) and mental health, employment, family relationships, reduced mortality, crime, reduced re-arrest rates. Society also benefits as the burden diminishes to each component (medical, legal, social services, business, transportation, and educational institutions). Effective prevention and treatment programs can also have a major impact on reducing health care costs, and a host of other costs borne by tax-payer. These programs are making significant progress in reducing demand for dangerous drugs such as methamphetamine and will be described in further detail by my esteemed colleagues.

We recognize the need for constant vigilance and innovative strategies to address drug use trends. Each component of American society needs education on the harmful consequences of methamphetamine and other drugs, to stigmatize use and to heal the drug-diseased user. Our national strategies are flexible and adaptable to address emerging drug threats, including methamphetamine and prescription drugs. We have undertaken the responsibility to support and encourage effective prevention programs and treatments, with the ultimate objective of eradicating drug use and its consequences in our nation.

Thank you again for the opportunity to present an overview of the Federal government's prevention and treatment responses to methamphetamine. I welcome questions from the Subcommittee on reducing the demand for methamphetamine in the United States through prevention and treatment programs.